

FILED FEB 16 1942
152

Registration District No. _____

Primary Registration District No. 5216

Registrar's No. 23

1. PLACE OF DEATH

(a) County Cass
(b) City or town Rural Camp Branch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74 years
years, months or days

8. (a) PRINT FULL NAME COLBERT NEWTON HAYES

8. (b) If veteran, _____ 8. (c) Social Security
name war _____ No. _____

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, 2 divorced Widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If
alive _____ years
(Month) (Day) (Year)

7. Birth date of deceased Dec 10 1846
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 1 28 hr. _____ min.

9. Birthplace Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Hayes III
13. Birthplace S. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Betty Wolfe
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jack Schmoel
(b) Address Pleasant Hill

17. (a) Burial (b) Date thereof Feb 10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pitts Chapel

18. (a) Signature of funeral director J. D. Hartzler

(b) Address East Lynn

19. (a) Feb 11, 1942 (b) Margaret Volle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town East Lynn (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1942 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 20
1942 to Feb 8 1942
that I last saw him alive on Feb 7 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
chronic nephritis
Due to with Anemia

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131R

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury D

23. (Signature J. D. Hartzler (M. D. or other) _____
Address East Lynn Date signed Feb 11 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.